

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0371100 Type of Application: Permits/Licensing
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

<u>San Diego Police Department</u>		<u>08228</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>P.O. Box 121431 M/S 735</u>		
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>San Diego, CA 92112-1431</u>		<u>(619) 531-2250</u>
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. BIL - Applicant to Pay
Agency Billing Number

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service ☒ DOJ ☐ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)
City State Zip Code () Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____